NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script,

COMPLETE ALL SECTIONS

before submitting or form will be returned.

I Reco	ring life	anellen				IF(OR OFFICE USE OF	Unend	(ment
Year: 2013							Jec		
ill in circle	if amendme	ent ⊗					11 2 2013	RECEIVED 'II	
Report Perio	od: ⊗ Ja	nuary/June	O July/De	ecember			amended HAND	GOL SOFF	
Type of Lob	bying: O No	onprocurement	O Procure	ement (Both		HAND	DELIVERED	
Client Filing	Fee Check N	lumber:				L			
								and the second control of the second	CONSTRUCTION DESCRIPTION
II Clier	i Informa	tion							
Name: Gr	eater NY Healtl	h Care Facilities Asso	ociation						
Permaner	nt Business A	ddress: 519 8th Ave	enue, 16th	Floor					
City: New	York				State: N			ZIP code:10018	
Business P	hone:212-643	3-2828			Fax Nu	mb	er: 212-643-2956		
Third Party	Beneficiary	(see instructions):							
					PREMARK	9075			
111 (0) 6	oyist(s) In	formation &	Compa	ehalf of the c	lient mu	st b	e reported below, r	egardless of whethe	er the
threshold	dual or organi was exceeded	d by that individua	l or organ	ization.					
A Type	of Lobbyist:	O Retained		Employed		0	Designated		
Level	of Gov't:	O State Lobbyir	ng O	Local Lobb	ying	0	Both		
Name	9:						Phone Number:		
Addre	ess:								
City:							State:	ZIP code:	
Com	oensation fo	r current period:	\$.00		_			
B Type	of Lobbyist:	O Retained	С	Employed		0	Designated		
Level	of Gov't:	O State Lobbyi	ng C	Local Lobb	oying	0	Both		
Nam	e:					9	Phone Number:		
Addr	ess:							9888	
City:							State:	ZIP code:	
Com	pensation fo	or current period:		.00					
с Туре	of Lobbyist:	O Retained	C) Employed) Designated		
Leve	l of Gov't:	O State Lobby	ing C) Local Lob	bying	C) Both		
Nam	e:						Phone Number:		
Addr	ess:							2.2	
City:							State:	ZIP code:	
Com	pensation fo	or current period:	\$.00)				
O Contir	nued on attac	ched pages						Paris II among Affrica	
D TOTA	AL COMPENS	SATION of ALL IO	bbyists f	or current p	eriod		(A+B+C+adden	dum sheets): \$.00

Other Expenses (Curre							\$.00
Report in the aggregate all expe	ancac fo	or calari	es of non	-lobbvina em	ployees:		\$.00
			es of flori	-lobbying on	p.07		120				
Itemize each expense exceeding ID TO:	ıg \$/5.			DATE:	/	/		0	Ad	0	Social Even
RPOSE:				AMOUNT:	\$.00	0	*Add	dendum	attached
PROCUREMENT O NONPR	ROCUR	REMEN	Т								
AID TO:				DATE:	/	/		0	Ad		Social Ever
JRPOSE:				AMOUNT:	\$.00	0	*Add	dendum	attached
PROCUREMENT O NONPE	ROCUE	REMEN	IT								
Cartinued on attached	nage	c	7								
			75 for an	individual, y	ou must	attac	ch the c	dde	ndum	page list	ting the
 If any expense listed above expense, dollar amount at Total expenses for current permanents. 	ttributo	or eldic	the indiv	ridual and in	C Hallo,	11110	01110101	. In			ed pages in tot
		147.10			028 VI. 200 (200 1 12 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
structions: In the event only o	ne per	son or e	entity is lis	sted as the Sir	ngle Sour	ce fo	or a Con Source	for o	Cont	ribution(s), use Section I
event multiple pers A Below, list all Contri received. If more t	ibution	s recei	ved from	the Single So	urce. Inc	lude	the dat	e an	d the	amount o	of the Contribution V(C) of the
received. If more t Addendum for the	than tiv	P L ON	HDUHOHS I	HOITI HIE SHIP	e 3001C6	Huv	C Deen				
ontribution(s) from Single Sour											
ngle Source Entity's Name: Atla	antis R8	&R Heal	thcare								
r ingle Source Person's Last Nar	me:				First	Nam	ne:				
ddress: 140 St. Edwards Street											
City: Brooklyn					Stat	e:NY				ZIP (code:11201
Phone:											0.0
Date Contribution Received:	02	/ 04	/ 13		ount of						.00
Date Contribution Received:	02	/21	/ 13		ount of						.00
	03	/ 28	/ 13		ount of		tributio				.00
Date Contribution Received:	05								20020420		
Date Contribution Received: Date Contribution Received:	04	/ 18	/ 13				tributio				.00
	04	/ ₁₈ / ₂₀	/ ₁₃ / ₁₃		nount of						.00
Date Contribution Received: Date Contribution Received:	04	/ 20	/ 13	Am	ount of	Con					
Date Contribution Received: Date Contribution Received: Check here if using section V(C) of Contribution(s) Single Source #	04 05 of the A	/ ₂₀ Addend	/ 13	Am	ount of	Con					
Date Contribution Received: Date Contribution Received: Check here if using section V(C) of Contribution(s) Single Source #	04 05 of the A	/ ₂₀ Addend	/ 13	Am	nount of	Con :	tributio				
Date Contribution Received: Date Contribution Received: Check here if using section V(C) of Contribution(s) Single Source # Single Source Entity's Name: Back	04 05 of the A #2 ay Park	/ ₂₀ Addend	/ 13	Am	nount of	Con	tributio				
Date Contribution Received: Date Contribution Received: Check here if using section V(C) of Contribution(s) Single Source # Single Source Entity's Name: Basingle Source Person's Last Na	04 05 of the A #2 ay Park	/ ₂₀ Addend	/ 13	Am	nount of	Con ::	tributio			710	.00.
Date Contribution Received: Date Contribution Received: Check here if using section V(C) of Contribution(s) Single Source # Single Source Entity's Name: Basingle Source Person's Last Na	04 05 of the A #2 ay Park	/ ₂₀ Addend	/ 13	Am	nount of	Con :	tributio			ZIP	
Date Contribution Received: Date Contribution Received: Check here if using section V(C) of Contribution(s) Single Source # Single Source Entity's Name: Bactor Single Source Person's Last Na Address: 20 Franklin Place	04 05 of the A #2 ay Park	/ ₂₀ Addend	/ 13	Am	ributions First	Con :: t Nar	tributio me:	n: \$	255	ZIP	.00 code: 11598
Date Contribution Received: Date Contribution Received: Check here if using section V(C) of Contribution(s) Single Source # Single Source Entity's Name: Baoor Single Source Person's Last Na Address: 20 Franklin Place City: Woodmere	04 05 of the A #2 ay Park ame:	/ ₂₀ Addend	/ 13	Am dditional Con	First	Con H Nar He: N	tributio me: Y	n: \$	255	ZIP	.00 code: 11598
Date Contribution Received: Date Contribution Received: Check here if using section V(C) of Contribution(s) Single Source # Single Source Entity's Name: Base or Single Source Person's Last Na Address: 20 Franklin Place City: Woodmere Phone:	04 05 of the A #2 ay Park ame:	/ 20 Addend	/ 13 lum for ac	Am dditional Con	First Sta	Con: t Narte: Norte: No	tributio me: Y ntributio	n: \$	255 5588 294	ZIP	.00 code: 11598 .00
Date Contribution Received: Date Contribution Received: Check here if using section V(C) of Contribution(s) Single Source # Single Source Entity's Name: Base or Single Source Person's Last Nat Address: 20 Franklin Place City: Woodmere Phone: Date Contribution Received:	04 05 of the A #2 ay Park ame:	/ 20 Addend	/ 13 lum for ac	Am dditional Cont An An	First Sta	Con: t Nar te: N f Cor f Cor	tributio me: Y ntributio	n: \$	588 294 294	ZIP	.00 code: 11598 .00 .00
Date Contribution Received: Date Contribution Received: Check here if using section V(C) of Contribution(s) Single Source # Single Source Entity's Name: Basingle Source Person's Last Na Address: 20 Franklin Place City: Woodmere Phone: Date Contribution Received: Date Contribution Received:	04 05 of the A #2 ay Park ame:	/ 20 Addend	/ 13 lum for ac	Am dditional Con An Ar Ar	First Sta mount of mount of	Con:: t Nar te: N f Cor f Cor f Cor f Cor	tributio me: Y ntributio ntributio	n: \$ pn: \$ pn: \$ pn: \$	255 588 294 294	ZIP	.00 code: 11598 .00 .00 .00
Date Contribution Received: Date Contribution Received: Check here if using section V(C) of Contribution(s) Single Source # Single Source Entity's Name: Base or Single Source Person's Last Nat Address: 20 Franklin Place City: Woodmere Phone: Date Contribution Received: Date Contribution Received: Date Contribution Received:	04 05 of the A #2 ay Park ame:	/ 20 Addend / 19 / 25 / 07 /	/ 13 lum for ac	Am dditional Cont An Ar Ar Ar	First Sta mount of the mount o	Con: t Nar te: N' f Cor f Cor f Cor f Cor f Cor	tributio me: Y ntributio ntributio	n: \$ pn: \$ pn: \$ pn: \$	255 588 294 294	ZIP	.00 code: 11598 .00 .00

V Source of funding Disclosure

A Below, list all Contri received.	DUTION	s recen	rea nom me	Single Source. Include the date and the a	
ontributions from Single Source	e #3				
ngle Source Entity's Name: Bro	nx Parl	k Rehab	ilitation and l	Nursing Center	
r ingle Source Person's Last Nan	ne:			First Name:	
ddress: 3845 Carpenter Avenue					
City: Bronx				State: NY	ZIP code:10467
hone:					
Date Contribution Received:	02	/19	/ 13	Amount of Contribution: \$118	.00
Date Contribution Received:	04	/25	/ 13	Amount of Contribution: \$118	.00
Date Contribution Received:	05	/07	/ 13	Amount of Contribution: \$118	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C) o	of the A	Addend	lum for addit	ional Contributions:	0
Contributions from Single Source					
Single Source Entity's Name: Br			abilitation		
or Single Source Person's Last Na				First Name:	
Address: 20 Franklin Place					710 11500
City: Woodmere				State: NY	ZIP code:11598
Phone:				3 30 10 10 10 10 10 10 10 10 10 10 10 10 10	.00
Date Contribution Received:	01	/11	/ 13	Amount of Contribution: \$ 161	.00
Date Contribution Received:	02	/ 15	/ 13	Amount of Contribution: \$161	.00
Date Contribution Received:	03	/ 18	/ 13	Amount of Contribution: \$161	.00
Date Contribution Received:	05	/ 24	/ 13	Amount of Contribution: \$161	
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C)	of the	Adden	dum for add	itional Contributions:	
Contributions from Single Sour	rce #_)5			
Single Source Entity's Name:	Ditmas	Park			
or Single Source Person's Last No	ame:			First Name:	
Address: 2107 Ditmas Avenue				San V Committee	7IP codo: 11226
City: Brooklyn				State: NY	ZIP code:11226
Phone:					.00
Date Contribution Received:	01	/15	/ 13	Amount of Contribution: \$147	.00
Date Contribution Received:	06	/17	/ 13	Amount of Contribution: \$74	.00
Date Contribution Received:	06	/17	/ 13	Amount of Contribution: \$74	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received: Check here if using section V(C		/		Amount of Contribution: \$.00

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Source of Funding Disclosure

A Below, list all Contrib received.	outions receiv	ed from th	e Single Source. Include the date and the di	THOUSE OF THE PERSON OF THE PE
ontributions from Single Source	#3			
ngle Source Entity's Name: East		oilitation		
r ingle Source Person's Last Name	e:		First Name:	
.ddress: 801 West 190th Street				
City: New York			State: NY	ZIP code: 10040
hone:				
Date Contribution Received:	01 / 17	/ 13	Amount of Contribution: \$ 256	.00
Date Contribution Received:	02 / 21	/ 13	Amount of Contribution: \$127	.00
Date Contribution Received:	03 / 12	/ 13	Amount of Contribution: \$176	.00
Date Contribution Received:	04 / 18	/ 13	Amount of Contribution: \$127	.00
Date Contribution Received:	06 / 07	/ 13	Amount of Contribution: \$255	.00
Check here if using section V(C) of	the Addend	um for add	litional Contributions:	0
Contributions from Single Source				
Single Source Entity's Name: Fai	rview Nursing	Care Cente	er	
or			First Name:	
or Single Source Person's Last Nam Address: 69-70 Grand Central Parkv			(iiia) (iiia)(iii-)	
Address: 69-70 Gland Central Fank City: Forest Hills	,		State: NY	ZIP code: 11375
			30300	
Phone:	01 / 28	/ 13	Amount of Contribution: \$ 236	.00
Date Contribution Received: Date Contribution Received:	02 / 25	/ 13	Amount of Contribution: \$ 118	.00
Date Contribution Received:	03 / 28	/ 13	Amount of Contribution: \$ 118	.00
Date Contribution Received:	05 / 20	/ 13	Amount of Contribution: \$ 118	.00
Date Contribution Received:	06 / 13	/ 13	Amount of Contribution: \$ 118	.00
Check here if using section V(C)				0
Contributions from Single Source		e Center		320
Single Source Entity's Name: Fo	orest milis Car	e Center		
Single Source Person's Last Na			First Name:	
Address: 71-44 Yellowstone Blvd.				ZIP code: 11375
City: Forest Hills			State: NY	ZIF CODE. 11373
Phone:			4 120	.00
Date Contribution Received:	02 / 08	/ 13	Amount of Contribution: \$ 128	.00
Date Contribution Received:	03 / 19	/ 13	Amount of Contribution: \$64	.00
Date Contribution Received:	04 / 22	/ 13	Amount of Contribution: \$64	.00
Date Contribution Received:	05 / 13	/ 13	Amount of Contribution: \$64	
Date Contribution Received:	06 / 10	/ 13	Amount of Contribution: \$64	.00

V Source of Funding Disclosure

outions rec	ceived iion		
#3			
Tryon Cent	er for Reha		
ie:		First Name:	
		State: NY	ZIP code: 10040
01 / 08	/ 13	Amount of Contribution: \$ 354	.00
02 / 07	/ 13	Amount of Contribution: \$131	.00
03 / 12	2 / 13		.00
05 / 06	5 / 13		.00
06 / 0	7 / 13	Amount of Contribution: \$131	.00
f the Adde	endum for o	dditional Contributions:	0
e# 10			
edwald Ce	enter for Rel	b	
		First Name:	
		State: NY	ZIP code: 10956
		*	
02 / 0	04 / 13	Amount of Contribution: \$ 106	.00
03 / 0	05 / 06	Amount of Contribution: \$ 106	.00
06 /	03 / 13	Amount of Contribution: \$ 423	.00
/	/	Amount of Contribution: \$ 0	.00
/	/	Amount of Contribution: \$ 0	.00
of the Add	lendum for	additional Contributions:	0
	e Center		
		First Name:	
me.			
		State: NY	ZIP code: 11010
01 /	07 / 13	Amount of Contribution: \$ 148	.00
100	8		.00
			.00
05 /		Amount of Contribution: \$74	.00
UD /	10 / 1-	ATTOOTH OF COTHINGS ITS IT	
	#3 Fryon Cent e: 01	#3 Tryon Center for Rehab. e: 01	State: NY

Designated Addendum sheet for section V(A). Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosur

Α	Below, list all Contributions received from the Single Source.	Include the date and the amount of the Contribution
• • • • • • • • • • • • • • • • • • • •	received.	

A Below, list all Contri received.	ibutions r	eceive	d from the Sin	gle Source. Include the date and the ar	nount of the Contribution
ontributions from Single Source	e #3				
ngle Source Entity's Name: Go	lden Gate	e Rehab	oilitation		
r ngle Source Person's Last Nan	ne:			First Name:	
ddress: 20 Franklin Place					
ity: Woodmere				State: NY	ZIP code: 11598
hone:					
pate Contribution Received:	01 /	11	/ 13	Amount of Contribution: \$152	.00
ate Contribution Received:	02 /	15	/ 13	Amount of Contribution: \$152	.00
Date Contribution Received:	03 /	18	/ 13	Amount of Contribution: \$152	.00
Date Contribution Received:	05 /	10	/ 13	Amount of Contribution: \$152	.00
Date Contribution Received:	06 /	07	/ 13	Amount of Contribution: \$152	.00
Check here if using section V(C) o	of the Ado	dendu	m for addition	al Contributions:	0
Contributions from Single Source					
single Source Entity's Name: H	illside Ma	nor Rel	nabilitation		
sr.				First Name:	
Single Source Person's Last Na	me:			filst Name.	
Address: 182-15 Hillside Avenue				State: NY	ZIP code: 11432
City: Jamaica				sidie.	
Phone:	02 /	21	/ 12	Amount of Contribution: \$ 225	.00
Date Contribution Received:	02 /		/ 13	Amount of Contribution: \$ 176	.00
Date Contribution Received:	03 /		/ 13	Amount of Contribution: \$ 352	.00
Date Contribution Received:	04 /		/ 13	Amount of Contribution: \$ 176	.00
Date Contribution Received:	05 /	30	/ 13		.00
Date Contribution Received:	/	/	/	Amount of Contribution: \$	 C
Check here if using section V(C)			m for addition	nal Contributions:	
Contributions from Single Sour	rce #_14				
Single Source Entity's Name: H	Hudson P	ointe a	t Riverdale Cen	ter for Nursing	
or Single Source Person's Last No				First Name:	
Address: 3220 Henry Hudson Par	kway			200 S 200	710 - 1 - 10462
City: Riverdale				State: NY	ZIP code: 10463
Phone:				. 57	00
Date Contribution Received:	01	/ 28	/ 13	Amount of Contribution: \$ 57	.00
Date Contribution Received:	02	/ 15	/ 13	Amount of Contribution: \$ 106	.00
Date Contribution Received:	03	/ 19	/ 13	Amount of Contribution: \$114	.00
	05	/ 13	/ 13	Amount of Contribution: \$57	.00
Date Contribution Received:	00	,		Amount of Contribution: \$57	.00

Designated Addendum sheet for section V(A). Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosur

	Below, list all Contributions received from the Single Source received.	. Include the date and the amount of the Contribution
--	---	---

Contributions from Single Source	#3			
ngle Source Entity's Name: Hur		Center for H	ealth	
r ingle Source Person's Last Nam			First Name:	
ddress: 400 South Service Road				
City: Melville			State: NY	ZIP code: 11747
hone:			8	
Date Contribution Received:	01 / 24	/ 13	Amount of Contribution: \$330	.00
Date Contribution Received:	02 / 21	/ 13	Amount of Contribution: \$110	.00
Date Contribution Received:	03 / 05	/ 13	Amount of Contribution: \$110	.00
Date Contribution Received:	04 / 01	/ 13	Amount of Contribution: \$110	.00
Date Contribution Received:	05 / 23	/ 13	Amount of Contribution: \$220	.00
Check here if using section V(C) of	the Adden	dum for addi	tional Contributions:	0
Contributions from Single Sourc	The state of the s			
Single Source Entity's Name: ^{Hy}	de Park Nurs	ing Home		
or			First Name:	
oi Single Source Person's Last Nan Address: 4975 Albany Post Road	ne.		That Harrie	
Address: 4979 Albany Fest Head City: Staatsburg			State: NY	ZIP code: 12580
			F-10-10	
Phone: Date Contribution Received:	02 / 25	/ 13	Amount of Contribution: \$ 60	.00
Date Contribution Received:	03 / 27	/ 13	Amount of Contribution: \$ 152	.00
Date Contribution Received:	04 / 22	/ 13	Amount of Contribution: \$ 30	.00
Date Contribution Received:	05 / 13	(A)	Amount of Contribution: \$ 30	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C)	of the Adder	dum for add	litional Contributions:	C
Contributions from Single Source	avenue.			
Single Source Entity's Name: K		& Rehabilitati	ion Center	
or		a ricina men		
Single Source Person's Last Na	me:		First Name:	
Address: 40 Heyward Street			a NV	7IP codo: 11211
City: Brooklyn			State: NY	ZIP code: 11211
Phone:	_ 1 500	3 257	4 0 12 12 12 4 94	.00
Date Contribution Received:	01 / 24		Amount of Contribution: \$84	.00
Date Contribution Received:	02 / 11		Amount of Contribution: \$ 42	.00
Date Contribution Received:	03 / 18		Amount of Contribution: \$ 42	.00
Date Contribution Received:	04 / 22		Amount of Contribution: \$42	.00
Date Contribution Received:	06 / 03	/ 13	Amount of Contribution: \$42	.00

lource of Funding Disclosure

A Below, list all Contrib received.	outions receiv	ed from t	he Sin	gle Source. Include the date and the a	Hoom of the Commone.
ontributions from Single Source	#3				
ngle Source Entity's Name: Litt	le Neck Nursin	g Homes			
r ngle Source Person's Last Nam	ne:			First Name:	
ddress: 20 Franklin Place					
city: Woodmere				State: NY	ZIP code: 11598
hone:					
Date Contribution Received:	01 / 07	/ 13		Amount of Contribution: \$76	.00
Date Contribution Received:	02 / 19	/ 13		Amount of Contribution: \$76	.00
Date Contribution Received:	04 / 05	/ 13		Amount of Contribution: \$229	.00
Date Contribution Received:	05 / 13	/ 13		Amount of Contribution: \$76	.00
Date Contribution Received:	06 / 17	/ 13		Amount of Contribution: \$76	.00
Check here if using section V(C) o	f the Addend	um for ad	dition	al Contributions:	0
Contributions from Single Sourc			SANOSAI A		
ingle Source Entity's Name: Liv	vingston Hills				
or Single Source Person's Last Nar				First Name:	
Address: 2781 Route 9, PO Box 95	110.				
City: Livingston				State: NY	ZIP code: 12541
Phone:	03 / 19	/ 13		Amount of Contribution: \$ 123	.00
Date Contribution Received:	04 / 11	/ 13		Amount of Contribution: \$ 76	.00
Date Contribution Received:	05 / 30	/ 13		Amount of Contribution: \$ 76	.00
Date Contribution Received:	06 / 10	/ 13		Amount of Contribution: \$ 76	.00
Date Contribution Received:	/	/ 13		Amount of Contribution: \$.00
Date Contribution Received: Check here if using section V(C)	of the Adden	dum for a	dditio		0
		20111101 G			
Contributions from Single Source		C			
Single Source Entity's Name: L	ong Island Cal	re Center			
or Single Source Person's Last No	ıme:			First Name:	
Address: 144-81 38th Avenue					
City: Flushing				State: NY	ZIP code: 11354
Phone:					
Date Contribution Received:	01 / 04	/ 13		Amount of Contribution: \$71	.00
Date Contribution Received:	02 / 04	/ 13		Amount of Contribution: \$71	.00
Date Contribution Received:	04 / 11	/ 13		Amount of Contribution: \$71	.00
Date Contribution Received:	04 / 18	/ 13		Amount of Contribution: \$71	.00
#27677E-10	05 / 20	/ 13		Amount of Contribution: \$71	.00

ed Addendum sheet for section V

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosu

A Below, list all Contribute received.			single source. Include the date and the an	
Contributions from Single Source	#3			
ingle Source Entity's Name: Man	hattanville l	Nursing Health	Care Center	
r ingle Source Person's Last Name	∋:		First Name:	
Address: 311 West 231st Street				
City: Bronx			State: NY	ZIP code: 10463
Phone:				
Date Contribution Received:	01 / 17	/ 13	Amount of Contribution: \$ 108	.00
	02 / 15	/ 13	Amount of Contribution: \$108	.00
	03 / 18	/ 13	Amount of Contribution: \$108	.00
	04 / 17	/ 13	Amount of Contribution: \$216	.00
Date Contribution Received:	06 / 19	/ 13	Amount of Contribution: \$108	.00.
Check here if using section V(C) of	the Adden	dum for additi	onal Contributions:	0
Contributions from Single Source	coxident Time			
Single Source Entity's Name: Me	adow Park F	ehabilitation &	k Health Care	
or			First Name:	
Single Source Person's Last Nam	ie:		Hist Natio.	
Address: 78-10 164th Street			State: NY	ZIP code: 11366
City: Flushing			sidio.	
Phone:	01 / 14	/ 12	Amount of Contribution: \$ 91	.00
Date Contribution Received:	01 / 14	/ 13	Amount of Contribution: \$ 182	.00
Date Contribution Received:	03 / 12	/ 13	Amount of Contribution: \$ 91	.00
Date Contribution Received:	05 / 13		Amount of Contribution: \$ 91	.00
Date Contribution Received:	06 / 20	/ 13	Amount of Contribution: \$.00
Date Contribution Received:	/	/		C
Check here if using section V(C) of		ndum for addi	nondi Coniributions.	
Contributions from Single Sourc				
Single Source Entity's Name: Me	eadowbroo	k Care Center		
or Single Source Person's Last Nar	ne:		First Name:	
Address: 320 W. Merrick Road				
City: Freeport			State: NY	ZIP code: 11520
Phone:				
Date Contribution Received:	02 / 06	/ 13	Amount of Contribution: \$823	.00
Date Contribution Received:	02 / 21	/ 13	Amount of Contribution: \$49	.00
Date Contribution Received:	05 / 13	/ 13	Amount of Contribution: \$ 1152	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
The Common Received				.00

V Source of Funding Disclosure

A Below, list all Contrib received.	utions rece	IVEG IIOIII IIIG	Single Source. Include the date and the di	
Contributions from Single Source	#3			
Single Source Entity's Name: Nass	sau Extende	d Care		
or Single Source Person's Last Name	e:		First Name:	
Address: 1 Greenwich Street				
City: Hempstead			State: NY	ZIP code: 11550
Phone:				
Date Contribution Received:	05 / 28	/ 13	Amount of Contribution: \$357	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Check here if using section V(C) of	the Adden	dum for addi	ional Contributions:	0
Contributions from Single Source	e # _25			
Single Source Entity's Name: New	w Franklin H	ealth Care Fac	cility	
or Single Source Person's Last Nam			First Name:	
Address: 142-27 Franklin Avenue	16.			
City: Flushing			State: NY	ZIP code: 11355
Phone: Date Contribution Received:	01 / 07	/ 13	Amount of Contribution: \$ 188	.00
Date Contribution Received:	02 / 06		Amount of Contribution: \$ 188	.00
Date Contribution Received:	03 / 12		Amount of Contribution: \$ 188	.00
Date Contribution Received:	05 / 23		Amount of Contribution: \$ 622	.00
Date Contribution Received:	06 / 05		Amount of Contribution: \$ 188	.00
Check here if using section V(C) o				0
Contributions from Single Source				
Single Source Entity's Name: Ne		Nursina Home		
or	ew Julisiae	rtaising rion.		
Single Source Person's Last Nar			First Name:	
Address: 22-41 New Haven Avenue	e		NV	ZIP code: 11691
City: Far Rockaway			State: NY	ZIF Code. 11031
Phone:				00
Date Contribution Received:	01 / 24		Amount of Contribution: \$ 99	.00
Date Contribution Received:	03 / 19		Amount of Contribution: \$99	.00
Date Contribution Received:	04 / 15		Amount of Contribution: \$99	.00
Date Contribution Received:	05 / 17		Amount of Contribution: \$99	.00
Date Contribution Received: Check here if using section V(C)	06 / 14	4 / 13	Amount of Contribution: \$99	.00

Source of Funding Disclosure

A Below, list all Contrib received.	utions recei	ved from the	Single Source. Include the date and the ar	Hoom of the commodien
ontributions from Single Source	#3			
ngle Source Entity's Name: New	/ Vanderbilt	Rehabilitation	Care Center	
r ngle Source Person's Last Name	e:		First Name:	
ddress: 135 Vanderbilt Avenue				
ity: Staten Island			State: NY	ZIP code: 10304
hone:				
ate Contribution Received:	01 / 14	/ 13	Amount of Contribution: \$376	.00
ate Contribution Received:	01 / 24	/ 13	Amount of Contribution: \$368	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of	the Adden	dum for addit	tional Contributions:	0
Contributions from Single Source				
Single Source Entity's Name: No	rth Westche:	ster Restorativ	ve Therapy	
or .			First Name:	
Single Source Person's Last Nam Address: 3550 Lexington Avenue	ie.			
City: Mohegan Lake			State: NY	ZIP code: 10547
			The state of the s	
Phone: Date Contribution Received:	01 / 04	/ 13	Amount of Contribution: \$ 47	.00
Date Contribution Received:	02 / 04	/ 13	Amount of Contribution: \$ 47	.00
Date Contribution Received:	03 / 05		Amount of Contribution: \$ 47	.00
Date Contribution Received:	04 / 11		Amount of Contribution: \$ 47	.00
Date Contribution Received:	05 / 29		Amount of Contribution: \$ 288	.00
Check here if using section V(C) o				0
Contributions from Single Source		hattan Rehah	ilitation and Nursing Home	
Single Source Entity's Name: No	orthern Man	nattan kenab		
Single Source Person's Last Nar	me:		First Name:	
Address: 116 East 25th Street				710 1 10025
City: New York			State: NY	ZIP code: 10035
Phone:			4.100	00
Date Contribution Received:	01 / 24		Amount of Contribution: \$ 188	.00
Date Contribution Received:	02 / 20	/ 13	Amount of Contribution: \$ 188	.00
Date Contribution Received:	04 / 16		Amount of Contribution: \$ 376	
Date Contribution Received:	05 / 17		Amount of Contribution: \$ 188 Amount of Contribution: \$ 188	.00
	06 / 17	/ 13	1 -1 Castribution: 4 188	

V Source of Funding Disclosure

ontributions from Single Source #	3			
ingle Source Entity's Name: North		olitan Resider	ntial Health	
or ingle Source Person's Last Name:			First Name:	
Address: 225 Maple Avenue				
City: Monsey			State: NY	ZIP code: 10952
Phone:				
	1 /16	/ 13	Amount of Contribution: \$94	.00
	2 / 14	/ 13	Amount of Contribution: \$47	.00
	3 / 19	/ 13	Amount of Contribution: \$94	.00
	4 / 25	/ 13	Amount of Contribution: \$94	.00
	5 / 15	/ 13	Amount of Contribution: \$47	.00
Check here if using section V(C) of th	e Addend	um for additi	onal Contributions:	0
Contributions from Single Source				
Single Source Entity's Name: Ocea	n Promeda	de Nursing Co	enter	
or			First Name:	
or Single Source Person's Last Name Address: 140 Beach 113th Street	•			
City: Rockaway Park			State: NY	ZIP code: 11694
Phone:	02 / 04	/ 13	Amount of Contribution: \$ 76	.00
Date Commodien Received	/	/ 13	Amount of Contribution: \$.00
Date Contribution Received:	03 / 05	/ 13	Amount of Contribution: \$ 76	.00
Date commonant reserves.	04 / 15	/ 13	Amount of Contribution: \$ 76	.00
Date commoner mass	04 / 19	/ 13	Amount of Contribution: \$ 153	.00
Date Contribution Received: Check here if using section V(C) of t				C
		2011101 4441	77 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(2)
Contributions from Single Source		reing 0. robab	ilitation Center	
Single Source Entity's Name: Oce or	anview Nu	Ising a renab		
Single Source Person's Last Name	e:		First Name:	
Address: 315 Beach 9th Street				710 1 11601
City: Far Rockaway			State: NY	ZIP code: 11691
Phone:			80 82 82	00
Date Contribution Received:	01 / 09	/ 13	Amount of Contribution: \$ 313	.00
Date Contribution Received:	02 / 19	/ 13	Amount of Contribution: \$123	.00
Date Contribution Received:	03 / 19	/ 13	Amount of Contribution: \$67	.00
Date Contribution Received:	05 / 17	/ 13	Amount of Contribution: \$200	.00
Date Contribution Received:	06 / 12	/ 13	Amount of Contribution: \$ 133	.00

source of Funding Disclosure

A Below, list all Contrib received.	onons rece		s single source. Include the date and the a	
ontributions from Single Source	#3	_ 9		
ngle Source Entity's Name: Oxfo	ord Nursing	Home		
r ngle Source Person's Last Name	9:		First Name:	
ddress: 144 South Oxford Street				
ity: Brooklyn			State: NY	ZIP code: 11217
hone:				
ate Contribution Received:	01 / 14	/ 13	Amount of Contribution: \$ 150	.00
ate Contribution Received:	02 / 11	/ 13	Amount of Contribution: \$150	.00
ate Contribution Received:	03 / 12	/ 13	Amount of Contribution: \$150	.00
ate Contribution Received:	04 / 29	/ 13	Amount of Contribution: \$150	.00
Date Contribution Received:	06 / 07	/ 13	Amount of Contribution: \$300	.00
Check here if using section V(C) of	the Adden	dum for addi	tional Contributions:	0
Contributions from Single Source	# 34			
ingle Source Entity's Name: Parl	k Avenue Ex	tended Care	Facility	
or Single Source Person's Last Nam			First Name:	
Address: 425 National Blvd.	ie.			
City: Long Beach			State: NY	ZIP code: 11561
Phone: Date Contribution Received:	05 / 28	/ 13	Amount of Contribution: \$ 306	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	,	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
	,	,	Amount of Contribution: \$.00
Date Contribution Received: Check here if using section V(C) of	f the Adder	dum for add		C
		idom for day		
Contributions from Single Sourc		D-b-bilitation	9. Nursing Center	
Single Source Entity's Name: Pa or	rk Gardens	Renabilitation	Ta Nulsing Center	
Single Source Person's Last Nar	me:		First Name:	
Address: 6585 Broadway				7.0
City: Riverdale			State: NY	ZIP code: 10471
Phone:			* 10000 0000 000 0 12 120	200
Date Contribution Received:	02 / 21	/ 13	Amount of Contribution: \$49	.00
Date Contribution Received:	05 / 07	/ 13	Amount of Contribution: \$ 254	.00
Date Contribution Received:	06 / 13	/ 13	Amount of Contribution: \$127	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
			Amount of Contribution: \$.00

lource of funding Disclosure

ontributions from Single Source	#3				
ngle Source Entity's Name: Parl		e Care	Center		
r ngle Source Person's Last Nam				First Name:	
ddress: 59-20 Van Doren Street					
ity: Rego Park				State: NY	ZIP code: 11368
3					
hone: Date Contribution Received:	01 /	09	/ 13	Amount of Contribution: \$89	.00
Date Contribution Received:		06	/ 13	Amount of Contribution: \$89	.00
Date Contribution Received:		/ 06	/ 13	Amount of Contribution: \$89	.00
Date Contribution Received:	05	/ 06	/ 13	Amount of Contribution: \$178	.00
	06		/ 13	Amount of Contribution: \$89	.00
Check here if using section V(C) of			um for add	litional Contributions:	0
Contributions from Single Sourc	e #	arkway	Nursing Ca	are & Rehab	
Single Source Entity's Name: Pe		unitruy			
or Single Source Person's Last Nar	ne:			First Name:	
Address: 2401 Laconia Avenue				ou I NY	ZIP code: 10469
City: Bronx				State: NY	ZIF COGE. 70 105
Phone:				78	.00
Date Contribution Received:	02	/ 01	/ 13	Amount of Contribution: \$ 78	.00
Date Contribution Received:	02	/ 20	/ 13	Amount of Contribution: \$ 158	.00
Date Contribution Received:	05	/ 13	/ 13	Amount of Contribution: \$ 78	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C)	of the A	Adden	dum for add	ditional Contributions:	
Contributions from Single Source	ce #_3	8			
Single Source Entity's Name: Q	(ueens	Nassau	Rehabilitat	tion & Nursing	
or				First Name:	
Single Source Person's Last Na Address: 520 Beach 19th Street	iiio.				
Table description of the second of the secon				State: NY	ZIP code: 11691
City: Far Rockaway					
Phone:	02	/ 25	/ 13	Amount of Contribution: \$ 236	.00
Date Contribution Received:		/ 21	/ 13	Amount of Contribution: \$118	.00
Date Contribution Received:		/ 15	/ 13	Amount of Contribution: \$118	.00
Date Contribution Received:				Amount of Contribution: \$118	.00
Date Contribution Received:	05	AL COLD	/ 13	Amount of Contribution: \$ 118	.00
Date Contribution Received:		/ 10		dditional Contributions:	

V Source of Funding Disclosure

A Below, list all Contril received.					
ontributions from Single Source					
ngle Source Entity's Name: Riv	er Man	or Care	Center		
r ngle Source Person's Last Nam	ne:			First Name:	
ddress: 611 East 103rd Street				200 V 2 4 104	ZIP code: 11236
city: Brooklyn				State: NY	ZIP Code, 11230
hone:				4 201	.00
ate Contribution Received:	03	/ 05	/ 13	Amount of Contribution: \$391	.00
Date Contribution Received:	03	/ 27	/ 13	Amount of Contribution: \$391	
Date Contribution Received:	04	/ 29	/ 13	Amount of Contribution: \$261	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C) o	of the A	ddend	lum for addi	tional Contributions:	0
Contributions from Single Sourc	e#_	10			
Single Source Entity's Name: Ri	verdale	e Nursir	ng Home		
or Single Source Person's Last Nat				First Name:	
Address: 104 Pension Road	1110.				
City: Englishtown				State: NJ	ZIP code: 07726
Phone: Date Contribution Received:	03	/ 12	/ 13	Amount of Contribution: \$ 286	.00
Date Contribution Received:		/ 01	/ 13	Amount of Contribution: \$ 25	.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
Date Contribution Received:		,	1	Amount of Contribution: \$.00
Date Contribution Received:		,	/	Amount of Contribution: \$.00
Check here if using section V(C)	of the	Adden	dum for add	ditional Contributions:	
Contributions from Single Sour			Center		
Single Source Entity's Name: F	TOCKAV	ay Care	Center		
Single Source Person's Last No	ame:			First Name:	
Address: 353 Beach 48th Street				00.000	ZIP code: 11691
City: Far Rockaway				State: NY	ZIP Code; 11031
Phone:				4.145	.00
Date Contribution Received:		/ 07		Amount of Contribution: \$ 145	.00
Date Contribution Received:	02	/ 25	/ 13	Amount of Contribution: \$145	.00
Date Contribution Received:	03	/ 12	/ 13	Amount of Contribution: \$ 145	
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00

A Below, list all C received.	ontributions received from	n the single source. Illicitide the date and the E	
ontributions from Single Sc	urce #3		
ngle Source Entity's Name	: Sands Point Center for He	ealth & Rehab.	
ngle Source Person's Last	Name:	First Name:	
ddress: 1440 Pt. Washington			
ity: Pt. Washington		State: NY	ZIP code: 11050
hone:			
ate Contribution Receive	d: 02 / 21 / 13	Amount of Contribution: \$62	.00
ate Contribution Receive		Amount of Contribution: \$62	.00
ate Contribution Receive	1997 1998 West	Amount of Contribution: \$62	.00
ate Contribution Receive		Amount of Contribution: \$62	.00
ate Contribution Receive		Amount of Contribution: \$62	.00
Check here if using section V		additional Contributions:	0
Contributions from Single S			
single Source Entity's Nam	. Sheepshead Nursing & F	Rehabilitation Center	
5.5		First Name:	
Single Source Person's Last	Name:	Tilst Name.	
Address: 2840 Knapp Street		State: NY	ZIP code: 11235
City: Brooklyn		Sidio.	
Phone:	04 / 14 / 13	Amount of Contribution: \$ 120	.00
Date Contribution Receive			.00
Date Contribution Receive		1 120	.00
Date Contribution Receive	10 500000 000000000 014 Delates	to the Contribution: \$ 240	.00
Date Contribution Receiv		to the Contribution: \$ 120	.00
Date Contribution Receiv			C
Check here if using section		r additional Contributions.	
Contributions from Single	Source #_44		
Single Source Entity's Nar	ne: Sprain Brook Manor Nu	ursing Home	
or Single Source Person's La	st Name:	First Name:	
Address: 77 Jackson Avenu			
City: Scarsdale		State: NY	ZIP code: 10583
Phone:			
Date Contribution Receiv	ved: 01 / 25 / 13	Amount of Contribution: \$98	.00
Date Contribution Receiv		Amount of Contribution: \$49	.00
Date Contribution Receiv		3 Amount of Contribution: \$49	.00
Daio Commoditor in	50.50 000000 000000	3 Amount of Contribution: \$49	.00
Date Contribution Recei	ved: 05 / 08 / 1	5 Alliootii oi ootiiioonotii 4	

o Addenoum sheet for section

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

04 / 01

05 / 03

06 / 03

Check here if using section V(C) of the Addendum for additional Contributions:

/ 13

/ 13

/ 13

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

iource of Funding Disclosure Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. Contributions from Single Source #3 Single Source Entity's Name: Spring Creek Rehab. First Name: or Single Source Person's Last Name: Address: 20 Franklin Place 7IP code: 11598 State: NY City: Woodmere Phone: Amount of Contribution: \$ 103 .00 01 / 18 / 13 Date Contribution Received: Amount of Contribution: \$103 .00 / 13 03 / 18 Date Contribution Received: Amount of Contribution: \$205 .00 03 / 27 / 13 Date Contribution Received: .00 Amount of Contribution: \$103 05 / 28 / 13 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # 46 Single Source Entity's Name: Staten Island Care Center or Single Source Person's Last Name: First Name: Address: 200 Lafayette Avenue ZIP code: 10301 State: NY City: Staten Island Phone: Amount of Contribution: \$ 368 .00 / 13 03 / 12 Date Contribution Received: Amount of Contribution: \$ 368 .00 Date Contribution Received: 04 / 30 / 13 .00 Amount of Contribution: \$ 123 / 13 05 / 28 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: 0 Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # 47Single Source Entity's Name: Sun Harbor Manor or First Name: Single Source Person's Last Name: Address: 255 Warner Avenue ZIP code: 11577 State: NY City: Roslyn Heights Phone: Amount of Contribution: \$ 134 .00 02 / 21 / 13 Date Contribution Received: .00 Amount of Contribution: \$49 / 13 03 / 05

.00

.00

.00

0

Amount of Contribution: \$85

Amount of Contribution: \$85

Amount of Contribution: \$85

Designated Addengum sheet to rection V(A

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

received.				
Contributions from Single Source	#3			
ingle Source Entity's Name: Sutt	on Park Cent	er for Nursir	ng & Rehab.	
or ingle Source Person's Last Name	e:		First Name:	
Address: 31 Lockwood Avenue				
City: New Rochelle			State: NY	ZIP code: 10801
Phone:				
Date Contribution Received:	01 / 24	/ 13	Amount of Contribution: \$863	.00
Date Contribution Received:	03 / 12	/ 13	Amount of Contribution: \$125	.00
Date Contribution Received:	04 / 03	/ 13	Amount of Contribution: \$125	.00
Date Contribution Received:	05 / 15	/ 13	Amount of Contribution: \$147	.00
Date Contribution Received:	06 / 03	/ 13	Amount of Contribution: \$272	.00
Check here if using section V(C) of	the Addence	lum for add	itional Contributions:	0
Contributions from Single Source				
ingle Source Entity's Name: Ter	race Health (Care Center		
Nr.			First Name:	
ingle Source Person's Last Nam			riisi Name.	
Address: 2678 Kingsbridge Terrace			State: NY	ZIP code: 10463
City: Bronx			Sidie.	
Phone:	01 / 25	/ 12	Amount of Contribution: \$ 282	.00
Date Contribution Received:	01 / 25	/ 13	Amount of Contribution: \$ 141	.00
Date Contribution Received:	02 / 06	/ 13	Amount of Contribution: \$ 141	.00
Date Contribution Received:	03 / 19	/ 13	Amount of Contribution: \$ 141	.00
Date Contribution Received:	04 / 01	/ 13	Amount of Contribution: \$ 282	.00
Date Contribution Received:	06 / 10	/ 13		0
Check here if using section V(C) o	The state of the s	dum for add	diffondi Confributions.	
Contributions from Single Sourc				
Single Source Entity's Name: Th	rogs Neck Ex	ktended Car	e Corp.	
or Single Source Person's Last Nar	me:		First Name:	
Address: 707 Throgs Neck Expy.				
City: Bronx			State: NY	ZIP code: 10465
Phone:				
Date Contribution Received:	01 / 02	/ 13	Amount of Contribution: \$ 392	.00
Date Contribution Received:	05 / 28	/ 13	Amount of Contribution: \$522	.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
				.00

Source of Funding Disclosure

ontributions from Single Sourc	e #3									
ingle Source Entity's Name: Ur		za Care	Center							
or ingle Source Person's Last Name: First Name:										
Address: 33-23 Union Street										
City: Flushing				State: NY		ZIP code: 11354	1			
hone:										
ate Contribution Received:	01	/ 04	/ 13	Amount of Contri	bution: \$ 165	.00				
pate Contribution Received:	02	/ 21	/ 13	Amount of Contri	bution: \$214	.00				
Date Contribution Received:	03	/ 05	/ 13	Amount of Contr	bution: \$165	.00				
Date Contribution Received:	04	/ 01	/ 13	Amount of Contr	ibution: \$165	.00				
Date Contribution Received:	05	/ 31	/ 13	Amount of Contr	ibution: \$330	.00				
Check here if using section V(C)	of the A	ddend	um for ac	litional Contributions:			0			
Contributions from Single Source										
Single Source Entity's Name: W	/atervie	w Nurs	ing Care C	nter						
				First Nam	e:					
Single Source Person's Last Na	me:			11131 113111						
Address: 104 Pension Road				State: NJ		ZIP code: 0772	26			
City: Englishtown										
Phone:	01	/ 22	/ 13	Amount of Cont	ribution: \$ 572	.00				
Date Contribution Received:		/ 13	/ 13	Amount of Cont		.00				
Date Contribution Received:		/ 18	/ 13			.00				
Date Contribution Received:		/ 31	/ 13	Amount of Conf		.00				
Date Contribution Received:	03	/ 31	/ 13	Amount of Cont		.00				
Date Contribution Received:	of the	Adden.	dum for a		2		0			
Check here if using section V(C)			doni ioi d	dilional comments						
Contributions from Single Sou				unda a						
Single Source Entity's Name:	White F	lains Ce	enter for iv	irsing						
or Single Source Person's Last N	ame:			First Nan	ne:					
Address: 20 Franklin Place							00			
City: Woodmere				State: N	Y	ZIP code: 115	98			
Phone:										
Date Contribution Received:	01	/ 07	/ 13	Amount of Cor		.00				
Date Contribution Received:	02	/ 22	/ 13	Amount of Cor		.00.				
Date Contribution Received:	03	/ 19	/ 13	Amount of Cor		.00				
Date Contribution Received:	05	/ 31	/ 13		ntribution: \$112	.00				
			91	Amount of Cor	stribution: \$.00				

V Source of Funding Disclosure

ontributions from Single Sourc	e #3				
ngle Source Entity's Name: W		re Reha	bilitation & F	Health Care Center	
ngle Source Person's Last Nar				First Name:	
ddress: 20 Franklin Place	110.				
ity: Woodmere				State: NY	ZIP code: 11598
8					
none: ate Contribution Received:	01	/ 07	/ 13	Amount of Contribution: \$214	.00
ate Contribution Received:		/ 15	/ 13	Amount of Contribution: \$214	.00
ate Contribution Received:		/ 22	/ 13	Amount of Contribution: \$428	.00.
ate Contribution Received:		/ 31	/ 13	Amount of Contribution: \$642	.00
rate Contribution Received:	00	/	/	Amount of Contribution: \$.00
theck here if using section V(C)	of the	/ Adden	dum for addi	itional Contributions:	
Contributions from Single Sour	ce #_	an's Circ	·le		
ingle Source Entity's Name: W					
or ingle Source Person's Last No	me:			First Name:	
Address: 3155 Grace Avenue				NY	ZIP code: 10469
City: Bronx				State: NY	ZIF Code.
Phone:				196	.00
Date Contribution Received:	01	/ 28	/ 13	Amount of Contribution: \$ 196	.00
Date Contribution Received:	02	/ 13	/ 13	Amount of Contribution: \$ 49	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$	0.5376
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C)	of the	Adder	ndum for add	ditional Contributions:	
Contributions from Single Sou	rce#				
Single Source Entity's Name:					
or Single Source Person's Last N	ame:			First Name:	
Address:				Claster	ZIP code:
City:				State:	En Codo.
Phone:				t cartile tion (.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	- /	Amount of Contribution: \$.00
Date Contribution Received		/	/	Amount of Contribution: \$	
Date Contribution Received		/	/	Amount of Contribution: \$.00
Date Contribution Received		/	/	Amount of Contribution: \$.00

VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbied:
# 1	
O Continued on attached pages	O Continued on attached pages
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:
O Continued on attached pages	O Continued on attached pages
Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
O Continued on attached pages	O Continued on attached pages
This Declaration This Declaration must be signed by the Chief Administrative reason, does not sign, he/she must duly designate another I declare under penalty of perjury that the information correct, and complete to the best of my knowle X SIGNATURE: PRINT NAME: LAST TITLE: Executive Director	person to sign this Declaration.) (See instructions.) nation contained in this report is true, dge and belief. DATE: 7/11/13 FIRST M. CHAE
Mark One: Chief Administrative Officer Chief Administrative Officer	Designee(Attach Letter)
	d at the time of automication.

The following MUST be attached to this report at the time of submission:

--You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original) --If applicable, a designation letter if you have marked designee in section XI.

--If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.